## FEDERAL COMMUNICATIONS COMMISSION

FCC 395	FCC 395  COMMON CARRIER ANNUAL EMPLOYMENT REPORT [Please read instructions before completing and for Notice regarding public burden.]													Approved by OMB 3060-0076 Est. time per response: 1 hour			
SECTION 1 - General Information																	
Name and Mailing Address of Respondent : Arizona Telephone Company 525 Junction Rd Madison, WI 53717  FRN: 0001602663														Check here if this is a change of address			
Year Report Filed     January 201				iod (Ending Date of Pay Period Covered by Report)  4 Number of Full-Time Employees during Selected Reporting Period (check one)  a. x Fewer than 16 (complete Sections 1, IV, and V only)  b. 16 or more (complete all sections)													
SECTION II - Full Time	Emplo	yees.							*								
			Number of Employees (Report employees in only one category)														
		Race/Ethnicity															
		Hispa	anic or						Not-Hispar	nic or Latino	)						
Job			tino	Male								Fer					
Job Categories		Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	Total Columns A-N	
		Α	В	С	D	E	F	G	Н	1	J	К	L	М	N	0	
Executive/Senior Level Officia and Managers	ıls 1.1															0	
First/Mid-Level Officials and	1.2															0	
Professionals	2															0	
Technicians	3															0	
Sales Workers	4						1									0	
Administrative Support Workers	5															0	
Craft Workers	6															0	
Operatives	7															0	
Laborers and Helpers	8															0	
Service Workers	9															0	
TOTAL	10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
PREVIOUS YEAR TOTAL	11															0	

SECTION III - Part	Time Employe	ees.					Nur	nher of Fr	mnlovees								
Job Categories		Number of Employees (Report employees in only one category)															
								Race/Ethr	nicity								
		Hispanic or		Not-Hispanic or Latino													
		Latino			Ma	le				Female							
	Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	Total Columns A-N		
	A	В	С	D	E	F	G	Н	1	J	K	L	М	N	0		
Executive/Senior Level Officials and Managers	1,1														0		
First/Mid-Level Officials and Managers	1.2														0		
Professionals	2														0		
Technicians	3														0		
Sales Workers	4														0		
Administrative Support Workers	5														0		
Craft Workers	6														0		
Operatives	7														0		
Laborers and Helpers	8						1								0		
Service Workers	9														0		
TOTAL	10 0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
PREVIOUS YEAR TOTA	AL11														0		
SECTION IV - Repo	ort of Discrimi	ination Com	plaints Pur	suant to 47	CFR 22.32	1, 23.55, 90	0.168, 101.4	, and 101,	311						-		
X This is to advi this company This is to advi company (Atta disposition	before any be ise the Comm	ody having on that the order of	competent he followir	jurisdictior ng complain	n in such ma nts alleging	itters durii violations	ng the cale	ndar year	covered bany equal	y this repo employme	rt nt opportu	nity statut	e have beer	n filed agair	nst this		
SECTION V - Certif	fication																
I certify that to the	best of my kr	nowledge, in	formation,	and belief,	all stateme		report are t	true and c	orrect								
5/15/17		rinted Name of Pe Hess	erson Signing			Signature	$r_{\mathbf{u}}X$	en		Telephone No (608) 664-4160							
Title of Person Signing Executive Vice	e Presider	nt		WILLFU AND/OI U S C 5	R REVOCAT	STATEME TON OF A	ENTS MADE NY STATIO	ON THIS	FORM AF E OR CON	RE PUNISH ISTRUCTIO	ABLE BY FI ON PERMIT	INE AND/C (47 U S C	R IMPRISO 312 (A)(1) A	NMENT (18 ND/OR FO	BUSC 1001) RFEITURE (47		